

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(TO BE USED WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

61018887

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1		1			
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50						
TOTAL IND.			2			
TOTAL DER.			109			
TOTAL CLAIMS			111			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY